

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 09 / 30 / 2016</div>	

Full Name of Payee Headway Workforce Solutions			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016		
Mailing Address 421 Fayetteville St #1020			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15520.20</div>		
City Raleigh	State NC	Zip Code 27601			
Purpose of Expenditure Payroll estimate for canvassers 10/1-10/26		Category/ Type 001	Transaction ID : SE.6476 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , , <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">121105.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee Headway Workforce Solutions			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016		
Mailing Address 421 Fayetteville St #1020			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15520.20</div>		
City Raleigh	State NC	Zip Code 27601			
Purpose of Expenditure Payroll estimate for canvassers 10/1-10/26		Category/ Type 001	Transaction ID : SE.6478 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016		
Name of Federal Candidate STRICKLAND, TED, , , <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">71656.03</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">31040.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2016

Signature